Stewart Kennedy
admitted March 11th 1820
#14

Dysentery

Dysentery is defined by Dr Cullen "a disease in which the patient has frequent stools accompanied with much griping, and followed by a tenesmus. The stools though frequent, are generally in small quantity; and the matter voided is chiefly mucous, sometimes mixed with blood. At the same time the natural faces seldom appear, and, when they do, it is generally in a compact and hardened form."

The dysentery like other febrile diseases, is sometimes marked by an evident cold stage succeeded by heat and the other symptoms of fever, and soon after by the symptoms common to no other disease. Sometimes it attacks the patient in the form of flatulent wandering pains. But most frequently by the immediate affection of the stomach & bowels: such as nausea, vomiting griping & tenesmus and frequent mucous bloody

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stools. The quantity of blood voided by stool varies in almost every case. In some cases the amount is very small or as it is termed merely streaked in the faeces; and in other cases the most of the matter ~~voided~~ discharge has a bloody appearance. The stools of ordinary dysentery are accompanied with blood in a greater or less degree.

As Lyon states in the definition by Dr. Cullen it is very seldom that we can perceive any natural faeces, still there are sometimes small hard masses, or scybala, which when passing produce an immense deal of pain

As the disease advances the griping becomes more severe, the stools more frequent, and the tormina, & tenesmus, more distressing, together with an unusual degree of flatulence.

The fever which attends the disease in this country is most commonly of the remocha type

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Causes. The causes of dysentery may be said to be the same as of our summer and autumnal fevers: being most frequent in the fall, after long continued dry warm weather succeeded by cold damp atmosphere, rain &c. Writers of late agree with Dr. Sydenham viz that it is the disease of the season thrown in on the bowels. The few observations I have been able to make would lead me to say that Sydenham's view is as perfectly correct. I have seen the dysentery and the common bilious remitting fever both raging in a small town at once, most probably produced by the same cause, and both requiring for their cure nearly the same remedies

I would suppose, that effluvia arising from decaying vegetables in dry places to have more effect in producing dysentery than marsh effluvia, from the

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circumstance of its appearing most frequently in high situations where the latter would have no chance of coming unless carried by the wind from some considerable distance. In proof of which I will merely state that in the Township of Mansfield N.S. the dysentery raged to an alarming degree, in the latter part of the summer and fall of 1819. The situation of the place is high, and to the best of my knowledge there are no marshes in the township. The drought was so great as to kill vegetation to such a degree as to compel many of the farmers to feed their stock the same as in winter. The disease in that township proved more than commonly fatal. I am not acquainted with the mode of treatment pursued there. Bad diet such as salted fish tainted ~~meat~~ fish is a common cause; eating much unripe fruit often produces the disease. I have observed it to rage & prove more fatal in small filthy houses than

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<u>Cure</u> In the cure of this disease we are to bear in mind all its present symptoms and give each case a due consideration; as the treatment of at least each epidemic, if not each case, requires different remedies. From this circumstance we must conclude that writers have done little more to advance our knowledge in this disease, than note the times it appeared most fatal at particular places, its appearances and ravages.

Notwithstanding, some general remedies can be laid down for ordinary dysentery tho a good deal must be taken from the preceding epidemic or from previous cases of the same epidemic

As the few cases I have seen were attended with a full tense pulse and the other symptoms peculiar to the disease, which I believe to be the most common form; we must precede all other remedies by the

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cancel, when alum in solution allows conduction of nerve impulses [illegible] together with a remission of the cutting pains succeeds.

The action is generally followed by a purge of calomel 5ss or combined with aloes or rhubarb.

When calomel is given 5ss the dose should be large, and followed by castor oil or green salts.

When combined with jalap Shaw found the following a good purge. Jalap 3iss. Calomel 30 grs. rub to well in a mortar and divided into three powders one is to be given every three hours until it operates briskly.

When given with ipecacuanha the following

℞ Calomel grx }
Ipecacuanha grs iii } M. into 3 pills

Take 2 pills every two or three hours until it purges. Is much freer than last prescription. Shaw says the system produces a moisture on the

surface of the body. This perspiration should be relieved, in part, by the neutral salts or castor oil. The opiate, to be laid aside by those having operated once, but at all times when the patient is to go to stool is present without running much. A cathartic ought to be given.

It is also recommended by Celsius, very advisedly, to assist the cathartic by an injection of a milky nature, flavored, but with the addition of a little opium. After the cathartic has operated, I have found anodyne injections of infinite service in subduing the violence and tenesmus. The stimulating effects of the opium should be counterbalanced by its anodyne properties which quiets the irritability of the intestines. As the disease appears to exhaust its force most violently on the colon, external injections seem to have a more immediate effect than when given by the mouth. The mixture of gum water and opium, forms a soothing

[illegible] caution recommended [illegible] fresh bottle as a valuable precaution [illegible] and it would be in these cases that [illegible] [illegible] if an objectionable should occur I would not hesitate a moment in [illegible] it.

Now if these Injections or blisters ought to be applied, notwithstanding the manifestations of the patient who universally [illegible] their excessive tenderness. In such a case I have seen it highly necessary that the surgeon should [illegible] as to the effects otherwise the patient [illegible] [illegible] their application [illegible] from their after [illegible]. They should be large & [illegible] over the [illegible] [illegible]

Should the case be [illegible] and a blister not thought necessary or after it has been applied Poultices are to be used. The best thing we [illegible] I have tried is the [illegible]

℞ Calomel grs X
Ipecacuanha gr v.
Opii . gr iij

} M.f into five pills. one to be given ~~every~~ every two or three hours

This combination has a three fold effect. It produces a moderate diaphoresis a gentle cathartic & sub-dues irritation. To assist this a flannel bandage round the abdomen to keep in the warmth & give strength to the tender intestines is a very good application

The Cretaceous julep is a very valuable remedy. It may be given after every cathartic and especially ~~of~~ towards the close of the disease. The proper dose is a table spoonful

A proper application of the remedies I have mentioned will generally succeed in accomplishing a cure.

The patient should be particular as respects clothing. Flannel next the skin is very important. and should be attended to

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Sometime the discharge of amounts to almost a hemorrhage. In such cases Ipecacuanha is beneficial. But when the pain is severe and the ~~discharge~~ desire for stool ineffectual, the powers of ipecacuanha is universally acknowledged

When the patient has arrived to a convalescent state, mild tonics may sometimes be necessary

for Phys. [illegible]